

NHSC SEARCH: Alaskan Exposure Program

Department of Health and Social Services

Division of Public Health/CHEMS

P.O. Box 110616

Juneau, AK 99811-0616

Fax 907-465-6861

Student/Resident Application Form

Name _____ Social Security # _____

Current Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Emergency Contact Name/Phone: _____

Permanent Address _____ City _____

State _____ Zip _____ Ethnicity _____

NHSC Scholar: ____ Yes ____ No US Citizen: ____ Yes ____ No

Alaska Resident: ____ Yes ____ No If not a U.S. Citizen, indicate visa status _____

School/Residency Program _____

Address _____

City _____ State _____ Zip _____

Degree Pursuing _____ Planned Specialty _____

Graduation Date _____ Residency Specialty _____

Have you chosen to focus on primary care in your training? ____ Yes ____ No ____ Not sure

Current Licenses / #/ Issuing State _____

Current Certifications and expiration date _____

Placement Coordinator _____ Phone _____

Desired Rotation Date _____ Length of Placement _____

Placement preference: ____ Urban ____ Rural on road system ____ Remote ____ Any

Are you required to be supervised by a physician (instead of an NP or PA)? ____ Yes ____ No ____ N/A

Will you be receiving academic credit for your rotation? ____ Yes ____ No

Please answer the following questions. You may use the back of this page or attach an additional page if necessary.

1. What language(s) do you speak fluently?
2. What are your professional goals?
3. Why are you interested in an Alaskan Placement?
4. Describe your commitment to the poor/underserved and explain why you should be chosen for an *Alaskan Exposure* placement. Include any experience you have gained from work or volunteer positions with youth, the aged, chronically ill or the disadvantaged. If you come from a disadvantaged background, please note and discuss. Also include cross-cultural experience.
5. What type of site and placement experience are you seeking?

Include with your application form a letter of recommendation (notarized or embossed with your school seal) from your training program director indicating the status of your academic standing. Your application will be activated when the letter of academic standing is received.

When selected to participate in an *Alaskan Exposure* placement, you **may** be required to provide the following:

- Your curriculum vitae with 2 passport size photos and your training program learning objectives relevant to the placement you seek.
- Documentation of hepatitis B, tetanus/diphtheria, rubella, and rubella vaccinations or titers and negative PPD status within the past 6 months.
- A letter from your training program or insurance company confirming insurance coverage malpractice, professional and general liability, and workers compensation during the dates of your clinical placement.
- A valid temporary Alaska license/permit for residents and advanced nursing students. Licensing can take up to three months to complete and fees are required. See <http://www.dced.state.ak.us/occ/home.htm>
- A yearly update of your address and progression through academic training into practice selection. Participants agree that their name, address and discipline information can be printed in a directory of primary care health profession students for recruitment in Alaska for up to 3 years following graduation.

I certify that the above information is correct to the best of my knowledge at the date of this application. I give permission to the State of Alaska, Alaskan Exposure program, to collect and use my Social Security number (SSN) to make requests for information from government agencies; any health profession training program I have been enrolled in; insurance providers; and any others who may have information pertinent to this application as allowed by law. I understand that the information collected from this application, or with my SSN, will be used for purposes of the Alaskan Exposure program including sharing with potential sites/preceptors, future recruitment for employment in Alaska, and for studies/statistics that will not identify me.

Legal signature of individual (use ink)

Date signed